

DO NOT WRITE IN THIS BOX - FOR HEALTH DEPARTMENT USE ONLY

Date Received:	Remittance #:
Date Reviewed:	7C790-178
Date Approved:	Amount Received:
License Number:	Fiscal Year:
Date Issued:	Date Mailed:

TEXAS DEPARTMENT OF HEALTH
TOXIC SUBSTANCE CONTROL DIVISION
ASBESTOS LICENSING SECTION

Revised June 2000

PO Box 141097
AUSTIN, TEXAS 78714-1097
800/572-5548 512/834-6610

ASBESTOS MANAGEMENT PLANNER AGENCY LICENSE APPLICATION

A license is required for asbestos management planner agencies in accordance with 25 TAC §295.31-73. The annual fee of **\$200** must accompany the application. Send a **cashiers check or money order** payable to the "Texas Department of Health - 7C790-178." **DO NOT SEND CASH OR PERSONAL CHECKS**. Complete all blocks below (print or type only) and supply all required documentation listed on the back of this form. Applications will not be processed until all necessary documentation has been provided. **LICENSE FEES ARE NON-REFUNDABLE**.

If renewing, enter your current management planner agency license number:

Name of Organization

Telephone Number

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Address

City

State

Zip Code

Name and Title of Principal Officer

Texas Sales Tax Number

DESIGNATED LICENSEE: To meet the requirements for licensure, each applicant organization must designate at least one individual who is a licensed asbestos management planner. I also understand that under the Privacy Act 5 USC §552(a), that my social security number is being given voluntarily and may be used to verify my eligibility for employment in the U.S. under TAHPR §295.35 (a).

Name and Title of Designated Licensee

Social Security No.

License No.

Date of Birth: (month, day, year)

Place of Birth: city or county, state or foreign country

Residence Address

City

State

Zip Code

Telephone Number

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APPLICATIONS WILL NOT BE CONSIDERED IF NOT SIGNED BY APPLICANT, ALL QUESTIONS ANSWERED, AND ALL DOCUMENTATION SUBMITTED. THIS FORM SUPERSEDES ALL PREVIOUS EDITIONS.

CERTIFICATION: I hereby certify that I have received a copy of the Texas Asbestos Health Protection Rules, I have read and understand them, and agree to comply with them. I also understand that it may be a second degree felony to submit any forged or fraudulent documents in order to obtain a license (Texas Penal Code 3710) all information I have provided is correct, complete, and true to the best of my knowledge. I also understand that under the Privacy Act 5 USC §552(a), that my social security number is being given voluntary and may be used to verify my eligibility for employment in the U.S. under TAHPR §295.35(a). I further certify that I will exercise independent judgment to preserve the public health and represent the building owner as required under §295.47(h), and will not engage in the removal of asbestos from a building or facility that I have inspected, surveyed, written plans or specifications for, in accordance with Section 4C of the Texas Asbestos Health Protection Act. I acknowledge that any falsification or misrepresentation will result in the denial of my application and that all information I have provided is correct, complete, and true to the best of my knowledge.

Signature of Designated Licensee

Date

The following documentation is required, in accordance with §295.53(f) of the Texas Asbestos Health Protection Rules:

For an initial license, please provide all of the following:

If renewing, please provide all of the following except items #5

- ___ 1. A copy of the Designated Person's certificate of training from a Department-approved training provider for the Asbestos Inspector and Management Planner courses.
- ___ 2. A copy of the training course identification card with visible photo for the designated person.
- ___ 3. Applicant's who completed out-of-state training, must submit a copy of a 3-hour Texas law training course certificate.
- ___ 4. A corporate certificate of good standing from the State Comptroller of Public Accounts, Austin, Texas.
- ___ 5. For foreign or out-of-state corporations, a certificate of authority to conduct business in Texas from the Secretary of State, Austin, Texas.
- ___ 6. When performing work for hire, a copy of a certificate of insurance written by a provider authorized to conduct business in Texas providing Professional/Pollution Liability coverage in the amount of \$1,000,000 with the Texas Department of Health named as certificate holder with a 10-day notice of cancellation.
- ___ 7. Copies of any notices of violations or citations issued by the Texas Department of Health, if renewing, only within the last year.
- ___ 8. List of all branch offices and copies of their designated person in residence's current license.

IMPORTANT

- * If your application is complete, allow a *minimum* of three weeks for processing once received by the licensing section.
- * Within 30 days of receipt of your application, a "Deficiency Notification" form will be sent if additional documentation is required or errors are contained in your application. From the date of the "Deficiency Notification" form, you have 90 days to complete your application, after which it will be denied due to abandonment [§295.38(e)(2)(A) of the Texas Asbestos Health Protection Rules].
- * If your license is lost or stolen, you must request, complete, and submit an "Application for Duplicate Asbestos License" form. This form may be obtained at the address or telephone number shown on page 1 of this application.
- * Make sure you have completed all appropriate sections of this form. Sign and date the application, and return it to the address shown below:

Asbestos Licensing Program 7C790-178
Texas Department of Health
PO Box 141097
Austin, Texas 78714-1097